

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

H a n d l e W i t h C a r e

SECRET

ORIGINAL - Biographic Profile

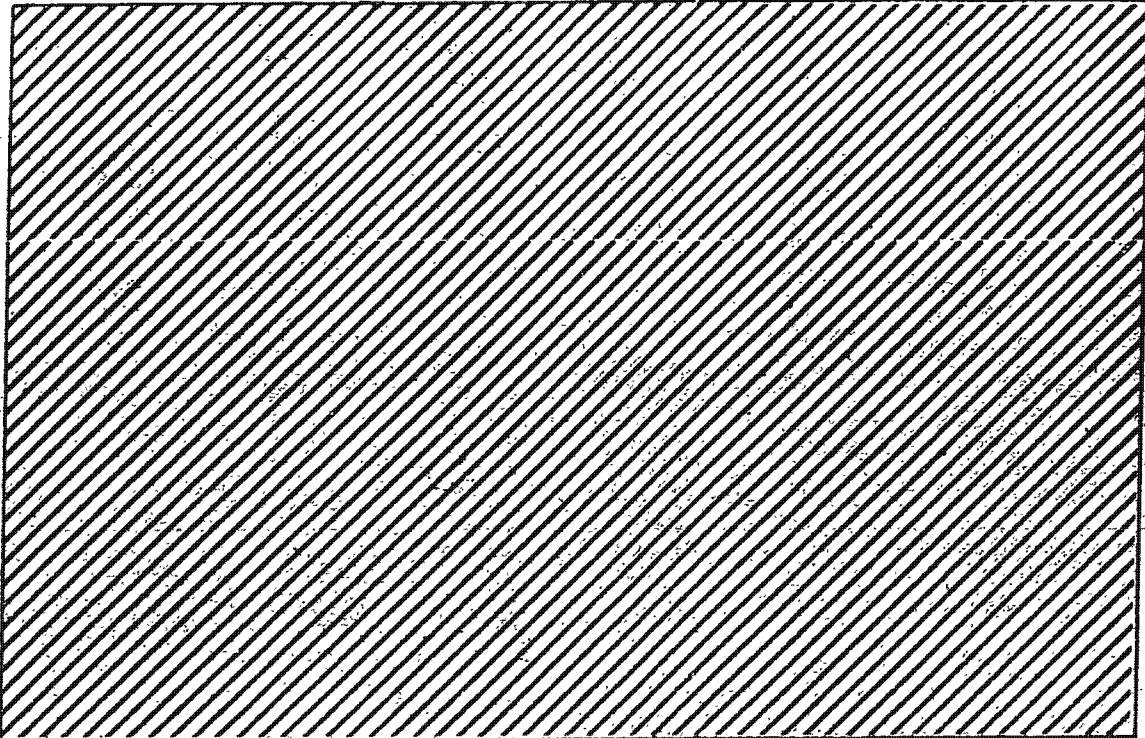
- see summarized copy in slot

Personnel Actions concerning
Period After Mexico City
Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 15 June 1964							
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert										
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 05 64		5. CATEGORY OF EMPLOYMENT REGULAR						
6. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V		<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHANGE-ABLE 5225-0079 <i>1000</i>		8. LEGAL AUTHORITY (Completed by Office of Personnel)						
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION				10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.								
11. POSITION TITLE PHOTO GEN				12. POSITION NUMBER 0113	13. CAREER SERVICE DESIGNATION D							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES (011) 1060.02	16. GRADE AND STEP 10 (3)		17. SALARY OR RATE \$8200							
18. REMARKS FROM: DDP/TSD FOREIGN FIELD MEXICO CITY Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>Big 7/1/64</i> CC: Security & Voucher Payroll <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">Recorded by CDD <i>DW</i></div>												
DATE SIGNED				DATE SIGNED <i>6/23/64</i>								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC ALPHABETIC 41200 75013		23. INTEREST CODE	24. POSITION CODE 1		25. DATE OF BIRTH MO DA YR 05 09 35		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR	
28. NIE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REG. NO.		34. SEX		
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CODE 0 - NAVAL 1 - 148	39. FECLY / HEALTH INSURANCE CODE 0 - NAVAL 1 - 148		40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO		44. STATE TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO		45. POSITION CONTROL CERTIFICATION				
										DATE APPROVED <i>6/30/64</i>		

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zembernardi, Robert M.	Philip Edward - son	64-184

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on ~~Log burn~~ 28 December 1963

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

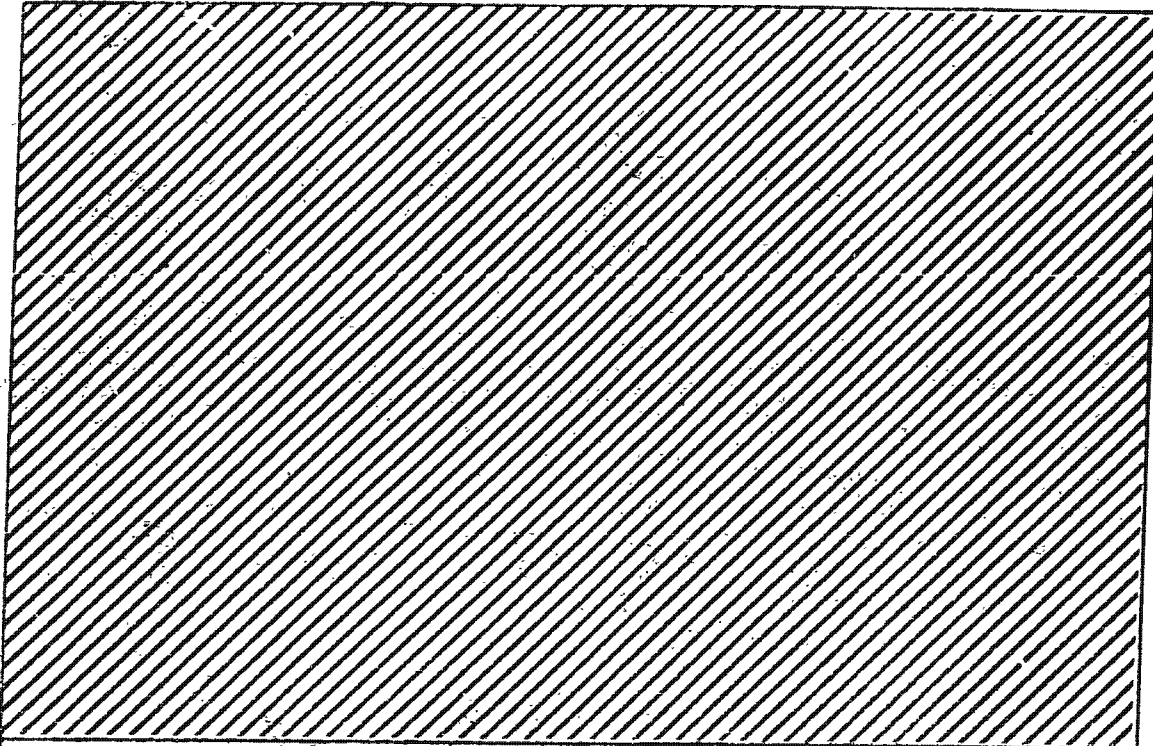
DATE OF NOTICE 20 FEB 1964		
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 2 April 1963		
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT						
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FINDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CP TO V		<input checked="" type="checkbox"/> V TO CP <input type="checkbox"/> CP TO CP		7. COST CENTER NO. CHARGE-ABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico				
11. POSITION TITLE IC TECH AIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136. AT 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535		
18. REMARKS FWD M: GS-9 (2) P.A.A. <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;">Recorded by CSPD <i>JM</i></div>								
				DATE SIGNED				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 22	20. EMP. CT. CODE 10	21. OFFICE CODE 46575 TS	22. STATION CODE 45015	23. INTER. REF. CODE	24. NO. OF MONTHS 3	25. DATE OF BIRTH 05/19/35	26. DATE OF DEATH	27. RATE OF LEI
28. AGE EXP. CODE	29. SPECIAL REFERENCE 88	30. RETIREMENT DATA 1 - LGE 3 - FICA 5 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	END DATA		33. SECURITY REG. NO.	34. PFR
35. VET. PREFERENCE 0 - NONE 1 - 6 YRS. 2 - 10 YRS.	36. SERV. COMP. DATE	37. LEAVE CAT. CODE	38. MIL. SER. CRED. CODE 1 - YES 2 - NO	39. FEED. / HEALTH INSURANCE CODE 0 - NONE 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO	44. STATE TAX DATA CODE 1 - YES 2 - NO		45. POSITION CONTROL CERTIFICATION		
						DATE APPROVED 5 APR 1963 <i>SA pab3</i>		

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambonardi, Robert M	Paul - SON	63-460

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 22 February 63 Intestinal disease.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE
8 January 1963

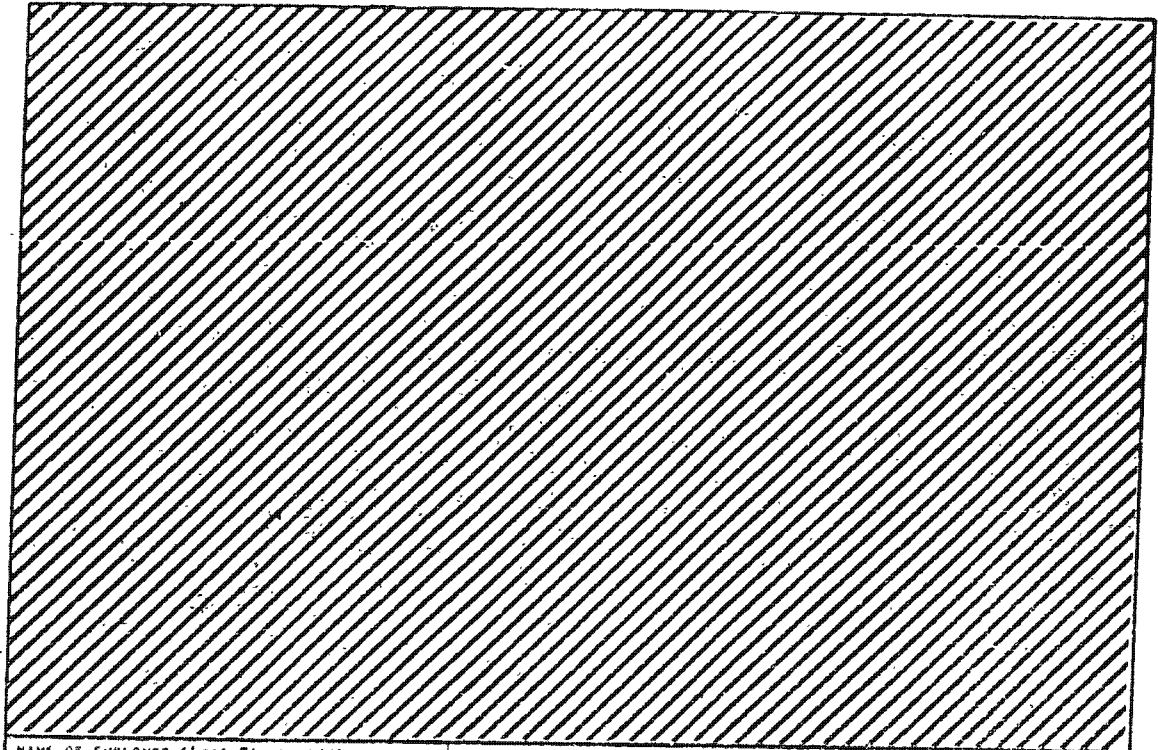
NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 16 January 1962	
1. SERIAL NUMBER 022592 ✓		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 21 62		5. CATEGORY OF EMPLOYMENT REGULAR XXXXXXXX	
6. FUNDS ▶		V TO V CF TO V		V TO CF X= CF TO CF		7. COST CENTER NO. CHARGEABLE 2:25-5700-3007	
8. LEGAL AUTHORITY (Completed by Office of Personnel)				9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico			
10. LOCATION OF OFFICIAL STATION Mexico City, Mexico				11. POSITION TITLE IO TECH AIDS		12. POSITION NUMBER 0575	
13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.63		16. GRADE AND STEP # 9 (1)	
17. SALARY OR RATE \$ 6435 ✓		18. REMARKS FROM: GS-8 (1)					
DATE SIGNED				DATE SIGNED			
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS		22. STATION CODE 45025	23. INTERALE CODE 3	24. DATE OF BIRTH MO. DA. YR. 05 09 35	25. DATE OF DEPART MO. DA. YR. 1 21 62
26. DATE OF LEI MO. DA. YR. 1 21 62		27. SPECIAL REFERENCE		28. RETIREMENT DATA 1 - CSC 3 - FICA 5 - RUMF		29. SEPARATION DATA CODE	
30. EMPLOYER'S ACTION DATA MO. DA. YR.		31. SECURITY REQ. W1		32. SEA		33. SOCIAL SECURITY NO.	
34. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT 3 - 10 PT		35. SERV. COMP. DATE MO. DA. YR.		36. LONG. COMP. DATE MO. DA. YR.		37. MIL. SER. CODE 1 - YES 2 - NO	
38. FEEDS / HEALTH INSURANCE CODE 1 - YES 2 - NO		39. SOCIAL SECURITY NO.		40. FEDERAL TAX DATA FORM REQUESTED 1 - YES 2 - NO		41. STATE TAX DATA FORM REQUESTED 1 - YES 2 - NO	
42. POSITION CONTROL CERTIFICATION WA A-79 62				43. DATE APPROVED 1/27/62			

RECEIVED
COPD
13

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	51-286

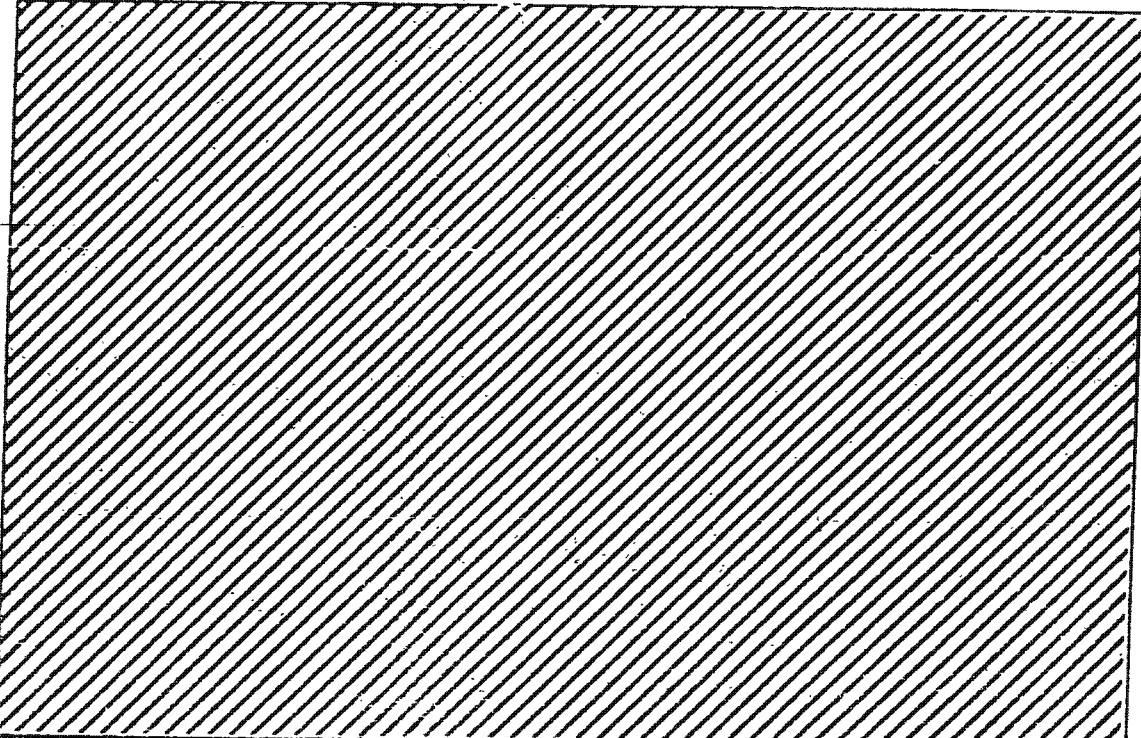
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 March 1961 - Leukemia of Uterus

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE		
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	XXXXXXXXXX Dependent	CASE OR CLAIM NUMBER
Zumbarnardi, Robert M.	Wife Martha	56-226

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 16 February 1960.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE		
8 April 1960		

NOTICE C OFFICIAL DISABILITY CLAIM FILE

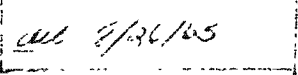
SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 15 Dec 1960																																																																
1. SERIAL NUMBER 522592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert																																																																		
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REGISTERED MONTH DAY YEAR 12 25 60		5. CATEGORY OF EMPLOYMENT REGULAR																																																															
6. FUNDS		V TO V	X TO CF	7. COST CENTER NO. CHANGE-ABLE 1125-5700-3007																																																																
		CF TO V	X	8. LEGAL AUTHORITY (Completed by Office of Personnel)																																																																
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Western Hemisphere MEXICO			10. LOCATION OF OFFICIAL STATION Mexico, City, Mexico																																																																	
11. POSITION TITLE IO TECH AIDS			12. POSITION NUMBER 575	12a. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION D 3																																																															
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS-9		15. OCCUPATIONAL SERIES 0136.63	16. GRADE AND STEP 08 01		17. SALARY OR RATE 1 5885																																																															
18. REMARKS																																																																				
<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-15deg);"> RECEIVED BY CFPD </div>																																																																				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																																																				
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td>19. ACTION CODE</td> <td>20. AUTHORITY CODE</td> <td>21. OFFICE CODE</td> <td>22. STATION CODE</td> <td>23. REG. NO.</td> <td>24. DATE OF REG.</td> <td>25. DATE OF REG.</td> <td>26. DATE OF REG.</td> <td>27. DATE OF REG.</td> </tr> <tr> <td></td> <td></td> <td>46575</td> <td>75</td> <td>2</td> <td>05109135</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28. DATE OF REG.</td> <td>29. DATE OF REG.</td> <td>30. DATE OF REG.</td> <td>31. DATE OF REG.</td> <td>32. DATE OF REG.</td> <td>33. DATE OF REG.</td> <td>34. DATE OF REG.</td> <td>35. DATE OF REG.</td> <td>36. DATE OF REG.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">37. PRECEDENCE</td> <td colspan="3">38. PRECEDENCE</td> <td colspan="3">39. PRECEDENCE</td> </tr> <tr> <td colspan="3">40. PRECEDENCE</td> <td colspan="3">41. PRECEDENCE</td> <td colspan="3">42. PRECEDENCE</td> </tr> <tr> <td colspan="3">43. PRECEDENCE</td> <td colspan="3">44. PRECEDENCE</td> <td colspan="3">45. PRECEDENCE</td> </tr> </table>						19. ACTION CODE	20. AUTHORITY CODE	21. OFFICE CODE	22. STATION CODE	23. REG. NO.	24. DATE OF REG.	25. DATE OF REG.	26. DATE OF REG.	27. DATE OF REG.			46575	75	2	05109135				28. DATE OF REG.	29. DATE OF REG.	30. DATE OF REG.	31. DATE OF REG.	32. DATE OF REG.	33. DATE OF REG.	34. DATE OF REG.	35. DATE OF REG.	36. DATE OF REG.										37. PRECEDENCE			38. PRECEDENCE			39. PRECEDENCE			40. PRECEDENCE			41. PRECEDENCE			42. PRECEDENCE			43. PRECEDENCE			44. PRECEDENCE			45. PRECEDENCE		
19. ACTION CODE	20. AUTHORITY CODE	21. OFFICE CODE	22. STATION CODE	23. REG. NO.	24. DATE OF REG.	25. DATE OF REG.	26. DATE OF REG.	27. DATE OF REG.																																																												
		46575	75	2	05109135																																																															
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44. POSITION CONTROL CERTIFICATION																																																																				
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> 12-21-60 </div>																																																																				

Personnel Actions Committee
From the Personnel Mexico City

SECRET
(When Filled In)

NIM: 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION																	
OEF																	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)															
022592		ZAMBERNARDI ROBERT															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT										
RESIGNATION					08 20 65		REGULAR										
6. FUNDS				7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>				V TO V	V TO CF	CF TO V	CF TO CF	6125 0079 0000									
V TO V	V TO CF																
CF TO V	CF TO CF																
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION					WASH., D. C.												
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION											
PHOTOG GEN				0113		D											
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS			1060.02		11 3		9240										
18. REMARKS																	
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. POSTICE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST	
45		10										05 09 35					
28. N/A CAPTES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CANCELLATION DATA		33. SECURITY R/S NO		34. SEX					
						3AC004				EOD DATA							
35. NET PREFERENCE		36. SERV LUMP DATE		37. LONG LUMP DATE		38. OFFICE CATEGORY		39. FEET/HEALTH INSURANCE		40. SOCIAL SECURITY NO							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
<table border="1"> <tr> <td>1. NO PREVIOUS SERVICE</td> </tr> <tr> <td>2. OTHER IN SERVICE (LESS THAN 1 YEAR)</td> </tr> <tr> <td>3. OTHER IN SERVICE (MORE THAN 1 YEAR)</td> </tr> </table>				1. NO PREVIOUS SERVICE	2. OTHER IN SERVICE (LESS THAN 1 YEAR)	3. OTHER IN SERVICE (MORE THAN 1 YEAR)											
1. NO PREVIOUS SERVICE																	
2. OTHER IN SERVICE (LESS THAN 1 YEAR)																	
3. OTHER IN SERVICE (MORE THAN 1 YEAR)																	
SIGNATURE OR OTHER AUTHENTICATION																	

FORM 1150 11 67

Use Previous Edition

SECRET *Jga*

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION																																			
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)																																	
022502		ZAMBERNARDI ROBERT																																	
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT																												
PROMOTION (CORRECTION)					04 14 63		REGULAR																												
6. FUNDS		7. COST CENTER NO (CHARGEAGE)		8. GIC OR OTHER LEGAL AUTHORITY																															
<table border="1"> <tr> <td>U TO U</td> <td></td> <td>V TO CF</td> <td></td> </tr> <tr> <td>CF TO V</td> <td>X</td> <td>CF TO CF</td> <td></td> </tr> </table>		U TO U		V TO CF		CF TO V	X	CF TO CF		3125 5700 3497		50 USC 403																							
U TO U		V TO CF																																	
CF TO V	X	CF TO CF																																	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION																														
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO																														
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION																												
10 TECH A105					0575		D																												
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE																												
GS			0136.63		10 2		7535																												
18. REMARKS																																			
THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."																																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																			
19. ACTION CODE		20. OFFICE CODING		21. STATION CODE		22. INTEROFFICE CODE		23. HOURS CODE		24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI																					
		ALPHABETIC		ALPHABETIC						MO DA YA		MO DA YA		MO DA YA																					
										04 14 63																									
27. HR EXPENSE		28. SPECIAL REFERENCE		29. RETIREMENT DATA		30. SEPARATION DATA CODE		31. CORRECTION/CANCELLATION DATA		32. SECURITY REQ NO		33. STA																							
								<table border="1"> <tr> <td>TYPE</td> <td>MO</td> <td>DA</td> <td>YA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TYPE	MO	DA	YA					<table border="1"> <tr> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td></td> </tr> </table>		1	2														
TYPE	MO	DA	YA																																
1	2																																		
34. VET PREFERENCE		35. SERV COMP DATE		36. LONG COMP DATE		37. EARLIER CATEGORY		38. FEES / HEALTH INSURANCE		39. SOCIAL SECURITY NO																									
								<table border="1"> <tr> <td>CODE</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		CODE	1	2																							
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40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT		42. FEDERAL TAX DATA		43. STATE TAX DATA																											
<table border="1"> <tr> <td>CODE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				CODE	1	2	3							<table border="1"> <tr> <td>CODE</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		CODE	1	2				<table border="1"> <tr> <td>CODE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				CODE	1	2	3	4					
CODE	1	2	3																																
CODE	1	2																																	
CODE	1	2	3	4																															
SIGNATURE OR OTHER AUTHENTICATION																																			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">POSTED</p> <p style="text-align: center;">15 APR 1963</p> <p style="text-align: center;"><i>[Signature]</i></p> </div>																																			

FORM 1150-107 1963
117 119

Use Previous Edition

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

14-811
(When Filled In)

SECRET
(When Filled In)

AFM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER 022592		2. NAME (LAST FIRST MIDDLE) ZAMBERNARDI ROBERT								
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE MO. DA. YR. 04 14 63		5. CATEGORY OF EMPLOYMENT REGULAR			
A. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		
		CP TO V		CP TO CP		3125 5700 3007		50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO					10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO					
11. POSITION TITLE 10 TECH AIDS					12. POSITION NUMBER 0575		13. SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 13 0130.01		16. GRADE AND STEP 10 2		17. SALARY OR RATE 7535			
18. REMARKS										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HEIGHT CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LET
22	10	108-75 75		49075	3	3	05 19 24		04 14 63	04 14 63
28. NTC EMPLOY		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY		34. SER 216 NO
		10	1 000 2 0000			EOD DATA				
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.
COFF								1 YES 2 NO		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. 43		FEDERAL TAX DATA		44. STATE TAX DATA		
CODE				CODE		CODE		CODE		
1. NO PREVIOUS SERVICE				1. YES		1. YES		1. YES		
2. SERVICE IN OTHER SERVICE				2. NO		2. NO		2. NO		
3. SERVICE IN OTHER SERVICE (MAY 1952 - 1953)										
4. SERVICE IN OTHER SERVICE (MAY 1954 - 1955)										
SIGNATURE OR OTHER AUTHENTICATION										
[Signature Box]					[Signature Box]					

11 APR 1963

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575 CF	GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
PROMOTION						MO DA YR 01 21 62			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. (CHARGEABLE)			8. CSC OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		2125 5700 3007			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
10 TECH AIDS						0575			D		
14. CLASSIFICATION SCHEDULE (SS, LS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		09 1		6435			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HIGHTS CODE	
22		10		M0575 TS		115075		3		EOD DATA	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. INTL EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
MO DA YR 05 09 35		MO DA YR 01 21 62		MO DA YR 01 21 62							
31. VET PREFERENCE		32. SEMP SWMP DATE		33. LONG CLMP DATE		34. MIL SERV CREDIT/PAID		35. FECLT/HEALTH INSURANCE		36. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		1 YES 2 NO		1 YES 2 NO			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		CODE		CODE			
1. NO PREVIOUS SERVICE				1. YES		1. YES		1. YES			
2. BREAK IN SERVICE LESS THAN 12 MOS				2. NO		2. NO		2. NO			
3. BREAK IN SERVICE MORE THAN 12 MOS											
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>1/25/62 <i>OM</i></p> </div>											

1/25/62

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 732 AND
 DCI MEMORANDUM DATED 1 AUGUST 1955, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD GR-ST OLD SALARY NEW GR-ST NEW SALARY
 ZAMBERNARDI ROBERT 022592 46575 CF 09 1 3 6435 09 1 3 6675

1. Serial No		2. Name		3. Cost Center Number				4. LWOP Hours		
022592		ZAMBERNARDI ROBERT		46 575 CF 10						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 09		\$ 6,675	01/21/62	GS 09	23	\$ 6,900	01/20/63			
8. Remarks and Authentication										
/ / NO EXCESS LWOP										
/ / IN PAY STATUS AT END OF WAITING PERIOD										
/ / LWOP STATUS AT END OF WAITING PERIOD										
CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE:				DATE:						
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

(4-51)

SECRET
 (When Filled In)

1. Serial No		2. Name		3. Cost Center Number				4. LWOP Hours		
22592		ZAMBERNARDI ROBERT		DP/TSB 10 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 08	1	\$ 5,885	12/25/61	GS 08	2	\$ 6,050	12/24/61			
8. Remarks and Authentication										
/ / IN LWOP STATUS AT END OF WAITING PERIOD										
/ / NO EXCESS LWOP										
/ / IN PAY STATUS										
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

SECRET

(4-51)

BLT: 23 DEC 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)													
022592		ZAMBERNARDI ROBERT													
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT						
PROMOTION						NO DA YR 12 25 60			REGULAR						
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY						
CF TO V		X		CF TO CF		1125 5700 3007			50 USC 303 d						
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION									
DDP TSD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO									
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION						
10 TECH AIDS						0575			D						
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
GS				0136.63		08 1		5885							
18. REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqrs. Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI			
22	10	NUMERIC	ALPHABETIC	45075		3	MO	DA	YR	MO	DA	YR	MO	DA	YR
		46575	TS				05	09	35	12	25	60	12	25	60
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY RLO NO.	34. SEX			
NO DA YR				1. CAL 2. FICA 3. NONE		TYPE		NO. DA. YR			EOD DATA				
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/CO		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.				
CODE		NO DA YR		NO DA YR		1. YES 2. NO		CODE CODE U. WAIVER HEALTH INS. CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA						
CODE				FORM EXECUTED		NO TAX EXEMPTIONS			FORM EXECUTED						
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)				1. YES 2. NO					1. YES 2. NO						
SIGNATURE OR OTHER AUTHENTICATION															

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Prof.		5. Sex		6. CS - FOD			
522592		ZAMBERNARDI ROBERT				Mo. 05	Da. 05	Yr. 35	None-0	Code 1	M	1	Mo. 07	Da. 30	Yr. 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Allid. Yr.			11. FEGLI		12. FCD			13. alt. serv. Code		
Mo. 08	Da. 02	Yr. 54	Yes-1 No-2	Code 1	50 USCA 403 J		Mo.	Da.	Yr.	Yes-1 No-2	Code 1	Mo. 07	Da. 30	Yr. 56	Yes-1 No-2	Code 2

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR				4448		WASH. D.C.				75013			
16. Dept. - Field		17. Position Title				18. Position Flz.		19. Serv.		20. Occup. Series			
Dept. - 1 USfld - 3 Frgn - 5	Code 2	PHOTOG GEN				0513		GS		1060.02			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. Pst. Due		26. Appropriation Number			
07 1		\$ 4980		DT		Mo. 12	Da. 28	Yr. 58	Mo. 12	Da. 27	Yr. 59	9 2500 25 007	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO				4455		MEXICO				45000			
33. Dept. - Field		34. Position Title				35. Position Flz.		36. Serv.		37. Occup. Series			
Dept. - 1 USfld - 3 Frgn - 5	Code 5	10 TECH AIDS				0575		GS		0136.63			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. Pst. Due		43. Appropriation Number			
07 1		\$ 4980		DT		Mo. 12	Da. 28	Yr. 58	Mo. 12	Da. 27	Yr. 59	9 2500 75 007	

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED
24 APR 1959
RW

NOV 1961

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
22592

SECTION A GENERAL

1. NAME (Last) (First) (Middle): ZAMBERNARDI, Robert M.
 2. DATE OF BIRTH: 9 May 1935
 3. SER: M
 4. GRADE: GS-8
 5. SERVICE DESIGNATION: KURIOT
 6. OFFICIAL POSITION TITLE: IO TECH AIDS
 7. OFF/DIV/BR OF ASSIGNMENT: WH/III/MEXI
 8. CAREER STAFF STATUS: MEMBER
 9. TYPE OF REPORT: ANNUAL
 10. DATE REPORT DUE IN O.P.: 31 AUGUST 1961
 11. REPORTING PERIOD: From 7/1/60 - 6/30/61

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding

	RATING NO. 6		RATING NO. 5
	RATING NO. 5		RATING NO. 5
	RATING NO. 6	SPECIFIC DUTY NO. 6	RATING NO.

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects falls to meet requirements.
 2 - Performance meets most requirements but is deficient in one or more important respects.
 3 - Performance clearly meets basic requirements.
 4 - Performance clearly exceeds basic requirements.
 5 - Performance in every important respect is superior.
 6 - Performance in every respect is outstanding.

RATING NO. 5

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING				
			1	2	3	4	5
GETS THINGS DONE							X
RESOURCEFUL							X
ACCEPTS RESPONSIBILITIES							X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X
DOES HIS JOB WITHOUT STRONG SUPPORT							X
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X
WRITES EFFECTIVELY					X		
SECURITY CONSCIOUS							X
THINKS CLEARLY							X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D on the basis for determining future personnel actions.

2 01 PM '61

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

[Empty rectangular box]

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 13 September 1961 SIGNATURE OF EMPLOYEE /s/ Robert M. Zambernardi

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS OTHER (Specify):

DATE 13 September 1961 OFFICIAL TITLE OF SUPERVISOR Deputy Chief of Station TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 13 September 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station TYPED OR PRINTED NAME AND SIGNATURE

SECRET

00000

Fitness Reports for period After, and
Personnel Actions for period prior to —
Assignment Mexico City

SECRET
(When Filled In)

29 Pts
1965

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

22592

SECTION A GENERAL

1. NAME (Last) ZAMBERNARDI (First) Robert (Middle)		2. DATE OF BIRTH 9 May 1935	3. SEX M	4. GRADE GS-7
5. SERVICE DESIGNATION KURIOT		6. OFFICIAL POSITION TITLE IO TECH AIDS		7. OFF/DIV/BR OF ASSIGNMENT KURIOT/Mexico
8. CAREER STAFF STATUS			9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To SPECIAL (Specify)		

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
		RATING NO. 5				RATING NO. 4
		RATING NO. 6				RATING NO. 4
		RATING NO. 5				RATING NO. 6

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
4

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING
				1 2 3 4 5
GETS THINGS DONE				
RESOURCEFUL				X
ACCEPTS RESPONSIBILITIES				X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				X
DOES HIS JOB WITHOUT STRONG SUPPORT				X
FACILITATES SMOOTH OPERATION OF HIS OFFICE				X
WRITES EFFECTIVELY				X
SECURITY CONSCIOUS				X
THINKS CLEARLY				X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

19601/229

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Dec 29 11 04 AM '60
MAIL ROOM

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE: 27 Oct 1960
SIGNATURE OF EMPLOYEE: Subject signed form 45a in pseudo.

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: _____
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: _____

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON: _____

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: _____
REPORT MADE WITHIN LAST 90 DAYS: _____
OTHER (Specify): _____

DATE: 27 Oct 1960
OFFICIAL TITLE OF SUPERVISOR: _____
TYPED OR PRINTED NAME AND SIGNATURE: Winston Scott

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS: I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL: _____

DATE: _____
OFFICIAL TITLE OF REVIEWING OFFICIAL: _____
TYPED OR PRINTED NAME AND SIGNATURE: _____

SECRET

SECRET
(When Filled In)

13 AUG 1959
11

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 122592
-----------------------	---

SECTION A GENERAL			
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert M.	2. DATE OF BIRTH 9 May 1935	3. SEX M	4. GRADE GS-7
5. SERVICE DESIGNATION DT	6. OFFICIAL POSITION TITLE PHOTOG GEN	7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PSD	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input checked="" type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. 30 June 1959		11. REPORTING PERIOD Dec 1958 to Jun 1959	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES																			
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).																			
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px;">RATING NO.</td><td style="width:50px;">3</td></tr> <tr><td>RATING NO.</td><td>4</td></tr> <tr><td>RATING NO.</td><td>4</td></tr> </table>			RATING NO.	3	RATING NO.	4	RATING NO.	4	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px;">RATING NO.</td><td style="width:50px;">4</td></tr> <tr><td>T.I.C.</td><td></td></tr> <tr><td>RATING NO.</td><td>5</td></tr> <tr><td>RATING NO.</td><td>3</td></tr> </table>			RATING NO.	4	T.I.C.		RATING NO.	5	RATING NO.	3
RATING NO.	3																		
RATING NO.	4																		
RATING NO.	4																		
RATING NO.	4																		
T.I.C.																			
RATING NO.	5																		
RATING NO.	3																		

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px;">RATING NO.</td><td style="width:50px;">4</td></tr> </table>	RATING NO.	4
RATING NO.	4		

SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE							XX		
RESOURCEFUL							XX		
ACCEPTS RESPONSIBILITIES								XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							XX		
DOES HIS JOB WITHOUT STRONG SUPPORT							XX		
FACILITATES SMOOTH OPERATION OF HIS OFFICE							XX		
WRITES EFFECTIVELY			XX						
SECURITY CONSCIOUS								XX	
THINKS CLEARLY							XX		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			XX						
OTHER (Specify):									

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE OFFICIAL TITLE OF SUPERVISOR

25 JUNE 1959

C/TSS/PSD/OSL

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THEIR EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL

25 JUNE 1959

I. O. TECH. AIDS

SECRET

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 122592						
SECTION A GENERAL											
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert			2. DATE OF BIRTH 5 Sept 1935		3. SEX M		4. GRADE GS-5				
5. SERVICE DESIGNATION DT		6. OFFICIAL POSITION TITLE PHOTOG GEN			7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD						
8. CAREER STAFF STATUS					9. TYPE OF REPORT						
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED			<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT/SUPERVISOR		
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. December 1958			11. REPORTING PERIOD Dec 1957 to Dec 1958		12. SPECIAL (Specify) Also Promotion						
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent		5 - Excellent		6 - Superior	7 - Outstanding
				RATING NO. 5				RATING NO.		4	
				RATING NO. 3				RATING NO.		4	
				RATING NO. 4				RATING NO.		4	
				RATING NO. 3		SPECIFIC DUTY NO. 6		RATING NO.		3	
				RATING NO. 3		RATING NO.		3			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.									RATING NO. 4		
SECTION D DESCRIPTION OF THE EMPLOYEE											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS						NOT APPLICABLE		NOT OBSERVED		RATING	
GETS THINGS DONE										X	
RESOURCEFUL										X	
ACCEPTS RESPONSIBILITIES										X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X	
DOES HIS JOB WITHOUT STRONG SUPPORT										X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X	
WRITES EFFECTIVELY						X					
SECURITY CONSCIOUS										X	
THINKS CLEARLY										X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X					
OTHER (Specify):											
SEE SECTION "E" ON REVERSE SIDE											

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 8 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Subject on leave, will be shown to him later

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE 23/12/58 OFFICIAL TITLE OF SUPERVISOR DC/TSS/PSD/CSC

3. BY REVIEWING OFFICIAL

- X I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE 23 DECEMBER 1958 OFFICIAL TITLE OF REVIEWING OFFICIAL DC/TSS/PSD

SECRET

14-00000

Fitness Reports and other
Personnel Documents During Period
Prior His Assignment to Mexico City